

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593847

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2						
3						
4						
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26				/		
27				/		
28						
29						
30						
31						
32				/		
33				/		
34				/		
35				/		
36						
37						
38						
39						
40				/		
41				/		
42						
43						
44						
45				/		
46				/		
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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58						
59				/		
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67				/		
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80				/		
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89						
90						
91			/			
92				/		
93						
94				/		
95				/		
96				/		
97				/		
98				/		
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			1			
102						
103				1		
104				1		
105				1		
106				1		
107				1		
108			1			
109				1		
110				1		
111				1		
112				1		
113				1		
114			1			
115				1		
116						
117						
118						
119						
120			1			
121						
122				1		
123				1		
124				1		
125				1		
126				1		
127				1		
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147						
148						
149						
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155				1		
156				1		
157						
158				1		
159				1		
160				1		
161						
162						
163						
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197						
198						
199						
200						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		41	←	←	
TOTAL CLAIMS			47			